

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE:
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COMPLETE THE
FOLLOWING

P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: DUTPASE INHIBITORS

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Fill in Appropriate Information -

The specification was filed on July 3, 2006 as United States Application Number _____ ;
and amended on _____ (if applicable) and/or

For Use Without Specification Attached:

the specification was filed on January 6, 2005 as PCT International Application Number PCT/GB2005/050002 ;
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Insert Priority Information (if appropriate)

Prior Foreign Application(s)		Priority Claimed	
<u>0400290.3</u>	<u>United Kingdom</u>	<u>January 8, 2004</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Month/Day/Year Filed)	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.

Insert Provisional Application(s): (if any)

(Application Number)	(Filing Date)
_____	_____
(Application Number)	(Filing Date)
_____	_____

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested Information (if appropriate)

Country	Application Number	Date of Filing (Month/Day/Year)
_____	_____	_____
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S. Application(s): (if any)

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
_____	_____	_____
(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
_____	_____	_____

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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Full Name of First
or Sole Inventor:
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship →
Insert Post Office
Address →

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Ian GILBERT	INVENTOR'S SIGNATURE <i>Ian Gilbert</i>	DATE* 11-AUG 2006
Residence (City, State & Country) DUNDEE, SCOTLAND, UK		CITIZENSHIP UK
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Corinne NGUYEN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP FR
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Gian Filippo RUDA	INVENTOR'S SIGNATURE <i>Gian Filippo Ruda</i>	DATE* 18 AUG 2006
Residence (City, State & Country) DUNDEE, SCOTLAND, UK		CITIZENSHIP IT
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Alessandro SCHIPANI	INVENTOR'S SIGNATURE <i>Alessandro Schipani</i>	DATE* 18-AUG 2006
Residence (City, State & Country) DUNDEE, SCOTLAND, UK		CITIZENSHIP IT
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Ganasan KASINATHAN	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP MY
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Nils-Gunnar JOHANSSON	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP SE
MAILING ADDRESS (Complete Street Address including City, State & Country) Medivir AB; Lunastigen 7; S-141 44; Huddinge; SWEDEN		

*DATE OF SIGNATURE

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 or Sole Inventor:
 Insert Name of
 Inventor →
 Insert Date This
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Full Name of Second
 Inventor, if any:
 see above

Full Name of Third
 Inventor, if any:
 see above

Full Name of Fourth
 Inventor, if any:
 see above

Full Name of Fifth
 Inventor, if any:
 see above

Full Name of Sixth
 Inventor, if any:
 see above

GIVEN NAME/FAMILY NAME Ian GILBERT	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP UK
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GIVEN NAME/FAMILY NAME Ganasan KASINATHAN	INVENTOR'S SIGNATURE 	DATE* 6/9/06
Residence (City, State & Country) CARDIFF, UK.		CITIZENSHIP MY
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Nils-Gunnar JOHANSSON	INVENTOR'S SIGNATURE	DATE*
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or Sole Inventor:
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Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Ian GILBERT	INVENTOR'S SIGNATURE	DATE*
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MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; CF10 3XF; UNITED KINGDOM		
GIVEN NAME/FAMILY NAME Nils-Gunnar JOHANSSON	INVENTOR'S SIGNATURE <i>Nils-Gunnar Johansson</i>	DATE* Sept 18, 2006
Residence (City, State & Country) BÄVERSTIGEN 19, 15023 ENHÖRNA, SWEDEN		CITIZENSHIP SE
MAILING ADDRESS (Complete Street Address including City, State & Country) Medivir AB; Lunastigen 7; S-141 44; Huddinge; SWEDEN		

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Full Name of Second
Inventor, if any:
see above

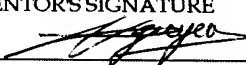
Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

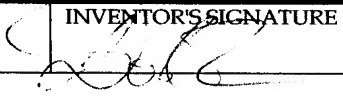
Full Name of Sixth
Inventor, if any:
see above

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GIVEN NAME/FAMILY NAME Ian GILBERT	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP UK
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Corinne NGUYEN	INVENTOR'S SIGNATURE 	DATE* 14/08/2006
Residence (City, State & Country) CARDIFF, UK		CITIZENSHIP FR
MAILING ADDRESS (Complete Street Address including City, State & Country) Welsh School of Pharmacy; Cardiff University; King Edward VII Avenue; Cardiff; CF10 3XF; UK		
GIVEN NAME/FAMILY NAME Gian Filippo RUDA	INVENTOR'S SIGNATURE	DATE*
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*DATE OF SIGNATURE

Full Name of Seventh
Inventor, if any:
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GIVEN NAME/FAMILY NAME Dolores Gonzalez PACANOWSKA	INVENTOR'S SIGNATURE 	DATE* SEP 4, 2006
Residence (City, State & Country) Granada, Granada, Spain		CITIZENSHIP ES
MAILING ADDRESS (Complete Street Address including City, State & Country) Instituto de Parasitología y Biomedicina; Consejo Superior de Investigaciones Científicas; Avda. del Conocimiento s/n; Parque Tecnológico de Ciencias de la Salud; 18100-Armilla. Granada; SPAIN.		

Full Name of Eighth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Ninth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Tenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Eleventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Twelfth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of
Thirteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

*DATE OF SIGNATURE